

City of Blue Lake-Recreation  
P.O. Box 458, Blue Lake, CA 95525

## 2012 Spring Women's Volleyball League Team Registration Form

Team Name\_\_\_\_\_

Manager's Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_ Email\_\_\_\_\_

*For Office Use Only*

**Forfeit Fee:** Paid \$\_\_\_\_\_ Date Paid:\_\_\_\_\_ Check Number(s)\_\_\_\_\_ (If cash, write "cash")